HIND DELIVERED

3/31/2014

To whom it may concern:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees.

The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Please do not hesitate to contact me if you have any questions or concerns.

Best)regards

Patrick Krason

Treasurer

Black Conservatives Fund

2014 MAR 31 PM 3:1

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COMMISSION
PUBLIC DISCLOSURE
PUBLIC DIVISION

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FORM 1	ORGANIZ	ZATION	:	2014 MAR 31 PM 1:
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Office Use Only HAIL CENT
Black Cons	ervatives Fund	 		
<u> </u>				
ADDRESS (number and	PO Box 149)1 	11111	ليبيبي
(Check if address is changed)	Annandale		VA	22003
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL (Check if add is changed)	ADDRESS (Please provide only one patrick, kras	e-mail address)	n :	
COMMITTEE'S WEB PA	IGE ADDRESS (URL)			
(Check if add is changed)	iress			
2. DATE 03	2014			
3. FEC IDENTIFICAT	TION NUMBER C			
4. IS THIS STATEME	NT NEW (N) OR	AMENDED (A)		
I certify that I have exa	mined this Statement and to the be	est of my knowledge and belief	it is true, correct a	and complete.
Type or Print Name of	Treasurer Patrick Kra	ison		
Signature of Treasurer	Palelle-		Date 03	′ 31 ° / 2014.
NOTE: Submission of fals	e, erroneous, or incomplete information	on may subject the person signing		he penalties of 2 U.S.C. §437g.
Office Use		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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FEC	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	
Г	late Committee:	
(a) [This committee is a principal campaign committee. (Complete the candidate information belo	W.)
(b) [This committee is an authorized committee, and is NOT a principal campaign committee. (C Information below.)	omplete the candidate
Name of Candida	1	
Candida Party Af		State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party (Committee:	
(d)	This committee is a	(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is
	Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or part
	In addition, this caππriittee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponser on line 6.)	
Joint F	undraising Representative:	
(g) [This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candida	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, none of which is an authorized committee of a federal candidate.	
c	Committees Participating in Jeint Fundraiser	
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4		and the real section of the section

Write or Type Committee Nar	ne				
Black Conservation	vatives Fund				
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor				
	 				
Mailing Address					
	CITY STATE ZIP CODE				
Relationship: Connect	ted Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor				
7. Custodian of Records: ld books and records.	entify by name, address (phone number optional) and position of the person in possession of committee				
Patrio	ck Krason				
Full Name	¡PO Box 1491				
Mailing Address					
	Annandale VA 22003				
Title or Position	CITY STATE ZIP CODE				
Custodian of Re	ecords Telephone number 202 - 567 - 1171				
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).				
Full Name Patr	ick Krason				
Mailing Address	PO Box 1491				
	Annandale VA 22003				
Title or Position	CITY STATE ZIP CODE				
Treasurer	Telephone number [202] - [567] - [1171]				

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address		1 1 1 1 1	
	<u> </u>	1_1_1_1	
	СПУ	STATE	ZIP CODE
Title or Position			
	Telephone n	umber	
Mailing Address	[1329,N Şaginaw Blyd		
	Saginaw, , , , , , , , , , , , , , , ,	ΤX	[76179]
	CITY	STATE	ZIP CODE
Name of Bank, De	pository, etc.		
L	<u> </u>		
Mailing Address			
	1	1.1	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail Postmarked USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify): 3/31/14 DATE PREPARED

(8/2013)